	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.1 Pain Management	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Objective: Provide a reasonable relief of severe pain to make packaging and transport more tolerable to the patient. (Both the medical provider and patient need to understand that complete relief of pain in most conditions is not possible.) The goal is to ease severe pain while maintaining the patient's level of consciousness and respiratory status.

- 1. Baseline care standards.
- 2. First attempt to manage all painful conditions with basic care: Splint extremity injuries. Place the patient in a position of comfort.
- 3. Administer O₂ 15L per minute via non-rebreather mask.
- 4. Monitor ECG and O₂ saturations.
- 5. For flank pain that is suspected to be a kidney stone or isolated minor extremity injury administer:
 - Toradol 30 mg. IV. (Toradol should not be used in situations that are potentially surgical, in multi-system trauma patients, chest pain, or abdominal pain.)
- 6. For patients that have severe pain, and do not have a decreased level of consciousness, and who are hemodynamically stable, and with oxygen saturations above 94% administer:
 - *Morphine 2 to 4 mg IV* every 10 minutes until reasonable pain relief to a maximum dose of 10 mg. OR,
 - Hydromorphone 0.5 1 mg IV every 15 minutes until reasonable pain relief to a maximum of 2 mg IV. Onset of action is 10 minutes with peak action in 15-30 minutes. OR.
 - Fentanyl 250 mcg slow IV, OR,
 - *Nitrous Oxide 50:50* may be self administered by the patient if available.
- 7. The patient must have vital signs taken prior to each dose and be monitored closely, if at any time there is a decreased level of consciousness, decrease in oxygen saturation below 92%, or blood pressure drops to 100 mmHg or less, administration of narcotic medication must stop.

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8.	For any dosages outside of promedical control.	otocol, verbal orders must be	obtained from
Medical Direct	tor's Signature		

Disclaimer

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